

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
FACILITIES ADMINISTRATION
First Floor, Stevens T. Mason Building
P.O. Box 30026
Lansing, Michigan 48909

D/CCS PROFESSIONAL SERVICES CONTRACT MODIFICATION INSTRUCTIONS

To modify a design and construction consultant services professional services contract, fill out (type) the attached form. Facilities Administration will fill out the day authorized. The "Contract Dated _____ For Professional Services" is the date of the initial contract. Number the "() Assignment" sequentially per your list of new projects assigned to you under your initial D/CCS contract. Number the "() Modification" of this form to modify an assigned contract as to whether it is the first, second, etc., modification. This form will be used to either assign a new contract or modify a running contract.

Provide a clear, concise, and accurate description of the proposed change of scope at the point marked ● on the title page. Provide the title required for each appendix. Complete the Cost/Budget Summary sheet for each category of the project budget affected by the modification. Provide back-up information (estimates, bids, etc.) supporting the change. Provide a schedule or revised schedule outlining the effect of the change. Include a summary sheet showing all current, past, and proposed contract values for all D/CCS projects held by your firm, including the value of this modification.

After filling in the data, make four copies of each page. Then sign the original and the copies in the appropriate places on each page. Original signatures must appear on both the original and the copies to be acceptable. Submit both the original and the copies to the address shown above. A signed copy will be returned to you once the modification is approved by the Director, Department of Management and Budget.

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
Facilities Administration

D/CCS PROFESSIONAL SERVICES CONTRACT MODIFICATION

This form is required to execute a modification to a professional services contract. (Authority: 1984 PA 431)

() ASSIGNMENT

() MODIFICATION
OF

CONTRACT DATED FOR PROFESSIONAL SERVICES

Contract Number:

File Number:

Index Number(s):

Project Name:

THIS AGREEMENT, authorized this day of in the year two thousand and three by the Director, Department of Management and Budget, is hereby made by and BETWEEN the STATE OF MICHIGAN acting through FACILITIES ADMINISTRATION of the DEPARTMENT OF MANAGEMENT AND BUDGET, 1st Floor, Stevens T. Mason Building, Lansing, Michigan 48909, hereinafter called the "State," and

the prime Professional Service Contractor, hereinafter called the "Professional," that the scope and terms of the contract be modified as provided by Article 14 of the contract to:

Attached Appendices are part of this modification.

The above shall be totally effective as of the date above. All other terms and provisions of the contract remain fully effective.

FOR THE PROFESSIONAL:

FOR THE STATE:

Signature

Director, Department of Management and Budget

Title

**COST/BUDGET SUMMARY
D/CCS CONTRACT
PROPOSAL/CONTRACT MODIFICATION NUMBER**

FILE NUMBER	INDEX NUMBER(S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER
PROJECT NAME				
FIRM NAME				

SERVICE		EXISTING CONTRACT		TOTAL PER PHASE THIS CONTRACT MODIFICATION		COMPENSATION NOT TO EXCEED	
Design Services	Direct Payroll *Multiplier	\$		\$		\$	
Construction Services	Actual Cost	\$		\$		\$	
General Conditions	Actual Cost	\$		\$		\$	
Project Management	Direct Payroll *Multiplier	\$		\$		\$	
Fees	Percentage	\$		\$		\$	
SUBTOTALS		\$		\$			
TOTAL PROJECT COMPENSATION NOT TO EXCEED						\$	

Attach a revised project schedule showing the effect of this modification.

SIGNATURE-PROFESSIONAL	DATE	SIGNATURE-PROJECT MANAGER	DATE
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